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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Docket Number 09/877724																					
CLAIMS AS FILED – PART I																											
(Column 1)		(Column 2)		(Column 3)																							
FOR	NUMBER FILED	NUMBER EXTRA																									
BASIC FEE (37 CFR 1.16(a))																											
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =		*																							
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =		*																							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))																											
* If the difference in column 1 is less than zero, enter "0" in column 2.																											
CLAIMS AS AMENDED – PART II																											
(Column 1)		(Column 2)		(Column 3)																							
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																								
	Total (37 CFR 1.16(c))	Minus	**																								
	Independent (37 CFR 1.16(b))	Minus	***																								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																										
(Column 1)		(Column 2)		(Column 3)																							
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																								
	Total (37 CFR 1.16(c))	Minus	**																								
	Independent (37 CFR 1.16(b))	Minus	***																								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																										
(Column 1)		(Column 2)		(Column 3)																							
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																								
	Total (37 CFR 1.16(c))	Minus	**																								
	Independent (37 CFR 1.16(b))	Minus	***																								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SMALL ENTITY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">RATE</td><td style="text-align: center;">FEE</td></tr> <tr><td style="text-align: center;">X \$ _____ =</td><td style="text-align: center;">\$ _____</td></tr> <tr><td style="text-align: center;">X \$ _____ =</td><td style="text-align: center;">\$ _____</td></tr> <tr><td style="text-align: center;">+ \$ _____ =</td><td style="text-align: center;">\$ _____</td></tr> <tr><td style="text-align: center;">TOTAL</td><td style="text-align: center;">\$ _____</td></tr> </table> </div> <div style="width: 10%; text-align: center;">OR</div> <div style="width: 45%;"> <p>OTHER THAN SMALL ENTITY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">RATE</td><td style="text-align: center;">FEE</td></tr> <tr><td style="text-align: center;">X \$ _____ =</td><td style="text-align: center;">\$ _____</td></tr> <tr><td style="text-align: center;">X \$ _____ =</td><td style="text-align: center;">\$ _____</td></tr> <tr><td style="text-align: center;">+ \$ _____ =</td><td style="text-align: center;">\$ _____</td></tr> <tr><td style="text-align: center;">TOTAL</td><td style="text-align: center;">\$ _____</td></tr> </table> </div> </div>								RATE	FEE	X \$ _____ =	\$ _____	X \$ _____ =	\$ _____	+ \$ _____ =	\$ _____	TOTAL	\$ _____	RATE	FEE	X \$ _____ =	\$ _____	X \$ _____ =	\$ _____	+ \$ _____ =	\$ _____	TOTAL	\$ _____
RATE	FEE																										
X \$ _____ =	\$ _____																										
X \$ _____ =	\$ _____																										
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RATE	FEE																										
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X \$ _____ =	\$ _____																										
+ \$ _____ =	\$ _____																										
TOTAL	\$ _____																										

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/877724

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	62	20	42
Independent	8	3	5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	62	62	
Independent	8	8	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	62	62	
Independent	8	8	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	710

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	756
X80=	420
+270=	
TOTAL	1176
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

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